FAIR VIEW HOME

MAUSTON 53948 Phone: (608) 847-6161		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	59	Average Daily Census:	59

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	용
Home Health Care Supp. Home Care-Personal Care	Yes No	 Primary Diagnosis 	~ 용 ~~~~~		ફ ફ		11.9
Supp. Home Care-Household Services	No No	Developmental Disabilities	1.7 40.7	Under 65	5.1 10.2	More Than 4 Years	18.6
Day Services Respite Care	No	Mental Illness (Org./Psy) Mental Illness (Other)	0.0	75 - 84	39.0	•	72.9
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0.0	85 - 94 95 & Over	40.7 5.1	************************************	*****
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	1.7 3.4		100.0	, For	dents
Other Meals	No	Cardiovascular	5.1	65 & Over	94.9	Í	
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender	용	RNs LPNs	16.2 6.4
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	11.9 20.3	 Male		Nursing Assistants, Aides, & Orderlies	55.2
Mentally Ill	No	Gener nearear conarcions		Female	81.4	· ·	00.2
Provide Day Programming for Developmentally Disabled	Yes	 	100.0		100.0		

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	297	41	97.6	120	0	0.0	0	10	100.0	157	0	0.0	0	0	0.0	0	58	98.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	2.4	173	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		42	100.0		0	0.0		10	100.0		0	0.0		0	0.0		59	100.0

Facility ID: 4130 County: Juneau Page 2 FAIR VIEW HOME

******	****	******	*****	*****	*****	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	2/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.9	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		57.6	42.4	59
Other Nursing Homes	13.9		0.0		78.0	22.0	59
Acute Care Hospitals	80.2		8.5		67.8	23.7	59
Psych. HospMR/DD Facilities	0.0		6.8		54.2	39.0	59
Rehabilitation Hospitals	0.0		20.3		72.9	6.8	59
Other Locations		******	******		*****	*******	*****
Total Number of Admissions	101			용	Special Treatm		용
Percent Discharges To:		Indwelling Or Extern		10.2	-	spiratory Care	22.0
Private Home/No Home Health	21.8	· ±		61.0	_	acheostomy Care	0.0
Private Home/With Home Health	25.7	Occ/Freq. Incontinen	t of Bowel	33.9	Receiving Su	3	1.7
Other Nursing Homes	3.0				Receiving Os	-	5.1
Acute Care Hospitals	9.9	Mobility			Receiving Tu	2	3.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	8.5	Receiving Me	chanically Altered Diet	s 37.3
Rehabilitation Hospitals	0.0						
Other Locations	4.0					Characteristics	
Deaths	35.6			6.8	Have Advance	Directives	78.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	101				Receiving Ps	ychoactive Drugs	66.1

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other 1	Hospital-	I	All
	Facility	Based Facilities		Faci	ilties
	%	용	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	90.1	1.09	87.4	1.12
Current Residents from In-County	84.7	83.8	1.01	76.7	1.10
Admissions from In-County, Still Residing	19.8	14.2	1.40	19.6	1.01
Admissions/Average Daily Census	171.2	229.5	0.75	141.3	1.21
Discharges/Average Daily Census	171.2	229.2	0.75	142.5	1.20
Discharges To Private Residence/Average Daily Census	81.4	124.8	0.65	61.6	1.32
Residents Receiving Skilled Care	98.3	92.5	1.06	88.1	1.12
Residents Aged 65 and Older	94.9	91.8	1.03	87.8	1.08
Title 19 (Medicaid) Funded Residents	71.2	64.4	1.11	65.9	1.08
Private Pay Funded Residents	16.9	22.4	0.76	21.0	0.81
Developmentally Disabled Residents	1.7	1.2	1.43	6.5	0.26
Mentally Ill Residents	40.7	32.9	1.24	33.6	1.21
General Medical Service Residents	20.3	22.9	0.89	20.6	0.99
Impaired ADL (Mean)*	60.0	48.6	1.23	49.4	1.21
Psychological Problems	66.1	55.4	1.19	57.4	1.15
Nursing Care Required (Mean)*	9.5	7.0	1.36	7.3	1.30